

Testimony in Support of House Bill 5190
AN ACT CONCERNING TESTING FOR HUMAN IMMUNODEFICIENCY VIRUS

By Barry Walters
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Thank you, Senator Abrams, Representative Steinberg, ranking members Senator Hwang, Senator Somers, Representative Petit, and members of the committee for the opportunity to submit testimony in support of HB 5190, An Act Concerning HIV Testing.

I respectfully submit the following testimony in support of H.B. 5190, *An Act Concerning Testing for Human Immunodeficiency Virus*. I serve as Director of Prevention Services at APNH: A Place to Nourish your Health and I am an HIV Advocate. In my role as Director of Prevention Services, I oversee a department that delivers free HIV testing, HIV prevention, HIV counseling and linkage to care in a State and CDC funded Community Based Organization. In addition, APNH is now offering integrated sexual health screenings in the community in order to bring services to individuals in their neighborhoods where they live, work and shop. As an advocate, I have visited the state capitol as well as Washington, DC to discuss matters of importance to HIV and other co-morbidities.

In my work, I am witness to the stigma, hesitation and fear associated with HIV. While HIV is no longer the death sentence it once was, for many it still carries a heavy weight that prevents individuals from testing, access to accurate education, prevention, and to culturally competent care. Far too many are diagnosed with HIV years into their illness. In fact, Connecticut has a higher rate of “Late Testers” – those who at the time of or within three months of their testing receive a dual diagnosis of HIV and AIDS. According to AIDSvu.org (a trusted source of information regarding HIV/AIDS), 2019 comparable statistics reveal that 28.2% of HIV tests in Connecticut were among late testers. That compares to New York at 21.3%, the region at 22% and national average of 20%. Among those diagnosed with HIV and AIDS, a disproportionate number are among Connecticut’s Black and Latinx populations. As you can see, there is a discrepancy between Connecticut and our regional neighbors as well as nationally. Why is this so important? Early detection of HIV leads to a longer and healthier life for the person living with HIV, reduces new infections by treating those who are living with HIV and lowers the overall community viral load.

In real life: Please consider a client that came to APNH whose CD4 count was in the single digits. He was hospitalized with opportunistic illnesses and despite rallying back several times would succumb to his illness. He had been to an Emergency Department at his local hospital numerous times with what would later be determined AIDS related illnesses. Unfortunately, this young man, who was just in his early twenties was never tested for HIV nor asked about risk factors at any of his visits to the ED. His Mother’s heart aches every day with the loss of her son to AIDS.

I would like to highlight what makes House Bill 5190 so vital to Connecticut:


1. Identify new infections before they become advanced. Connecticut has a higher percentage than average of "late testers" or those who receive a concurrent diagnosis of HIV and AIDS.

2. Identify new infections and connect the patient/client to care as quickly as possible. The quicker the patient/client enters care, the better the health outcome is likely to be.
3. Increase linkage to the HIV Prevention Continuum by providing harm reduction options that will prevent future infections. For example: PrEP.
4. Offer HIV testing in ED/urgent care settings that will provide those who use the ED for primary care a pathway to the treatment or prevention services continuum. This becomes an issue of health equity.
5. Decrease stigma by offering HIV testing to everyone. Routine HIV testing may remove the appearance or presumed assumption of judgement or risk made by a provider. Stigma is still a major barrier to testing, treatment and prevention.
6. Offer HIV testing more than once in a lifetime (or not at all). Once in a lifetime testing maintains a community viral load and hinders the goal of ending the HIV epidemic.
7. Open a dialog with a provider and the patient/client in regards to sexual health, mental health and/or potential Substance Use Disorder. Dialog that can lead to further harm reduction strategies for the patient/client and improve that patient's/client's health outcomes.

In real life: My own diagnosis of HIV was made during routine HIV testing in a community healthcare setting a little more than a decade ago. My then healthcare provider knew what my risks might be and he made the ask. For me, HIV was diagnosed relatively early and I had high CD4 counts and low viral load. With treatment, I became HIV positive undetectable - that is the amount of virus in my blood was below detection by standard lab equipment. When you reach an undetectable status, the odds of infecting another are near zero and better health outcomes can be expected. I can rest assured that I will not transmit HIV to my partner and maybe I will live years longer than if I were to go untreated. Even with the knowledge of HIV and my risk, I would not have tested that day had my healthcare provider not asked. It all begins with a simple ask and an HIV test.

I support House Bill 5190 and routine HIV testing in medical care settings including Emergency Departments and urge you to vote favorably for this very important bill. Routine HIV testing is an important tool that can help end an epidemic that has been with us for forty years, taken tens of thousands of Connecticut lives and added stigma to already marginalized persons. Thank you for the opportunity to submit this testimony.

Respectfully submitted,



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